

Washington

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Washington

As of July 2003, 950,149 (857,865 full-scope care plus 92,284 receiving family planning only) people were covered under Washington's Medicaid/SCHIP programs. Of these, 842,689 were financed by the traditional Medicaid program, 15,176 (7,543 children and 7,633 non-citizen pregnant women) were enrolled in the separate SCHIP program. None were financed by a Medicaid/SCHIP 1115 waiver program. In state fiscal year 2000, Washington spent \$ 4.3 billion to provide Medicaid services.

In Washington, low-income children may be enrolled into the Medicaid program, an SCHIP Medicaid expansion program, or a separate SCHIP program based on the child's age and their family's income.

- The Medicaid program serves children 0-18 years of age from families with incomes of no more than 200% FPL.
- The separate SCHIP program serves all children 0-18 from families with incomes between 200 and 250% FPL, as well as, unborn children of uninsured pregnant women who do not qualify for Medicaid. Families with children in this program must pay a monthly premium between \$10 and \$30.

Washington operates a Medicaid managed care program that includes comprehensive MCOs, a Primary Care Case Management (PCCM) Program, and a Prepaid Inpatient Health Plan (PIHP) that delivers only mental health services. Some mental health and substance abuse services are also delivered through the fee-for-service system.

- All beneficiaries who qualify for Medicaid as a low-income family, pregnant woman, or child and those who qualify due to blindness or a disability, as well as SCHIP participants receive all mental health services from the PIHP. (All other beneficiaries receive mental health services through fee-for-service.
- All beneficiaries who qualify for Medicaid as a low-income family, pregnant woman, or child, as well as SCHIP participants, are required to receive most other services through comprehensive MCOs, except American Indians may choose to join instead join the PCCM program. Those enrolled in MCOs may also choose to receive a limited package of mental health benefits from their MCO instead of the PIHP. Once an individual beneficiary's service needs exceed the limited package the individual must obtain mental health care from the PIHP. (The limited benefit available from the MCO consists of up to 12 hours of treatment per calendar year; psychological testing once every 12 months for adults 21 and over, or as needed if identified by EPSDT screens for children under age 21; and Medication management is also covered & is not included in the 12 hour limit.)
- All beneficiaries receive all substance abuse services through fee-for-service.

As of July 2003 there were 934,973 Medicaid beneficiaries in the Medicaid program. 470,859 of these were enrolled in comprehensive Managed Care Organizations, 904,912 were enrolled in a specialized PIHP, and 464,114 were on fee-for-service.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families that would have qualified for cash assistance from the State's AFDC program in 1996.
2. Pregnant women from families with incomes of 185% FPL or less.

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3. Children age 0-18 from families with incomes of 200% FPL or less.
4. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals eligible to receive SSI or Washington's supplementary payment.
2. All working individuals between the ages of 18 and 64 who meet the SSI definition of disability and have an income of 220% FPL or less. Those with incomes of 150% FPL or more must pay a premium that varies by income in order to participate in the Medicaid program.
3. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
4. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI cash benefit.
5. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.
6. Certain disabled children age 21 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have incomes below a level established by the state that varies by family size (e.g., \$557/individual, \$592, couple). Or, sufficient medical expenses to spend down to that level.

1. Pregnant women
2. Children under age 19
3. Aged, Blind, and Disabled

Waiver Populations

Washington has an 1115 waiver that allows them to provide Medicaid-covered family planning services to men and women of childbearing age from families with incomes of 200% FPL or less. No mental health or substance abuse services are provided to this group of beneficiaries.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Washington Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Washington must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient mental health and substance Abuse Care	Mental health and substance abuse services provided in a general hospital. (Long term psychiatric care services are discussed under, "Inpatient Psychiatric Services (for persons under the age of 21))."	<ul style="list-style-type: none">• Beneficiaries may not remain in the hospital beyond a length of time specified by the State without the permission of the Medicaid agency or it's designated agent. The length of time varies by diagnosis and is based on the average length of stay for Western states.• All non-emergency admissions must be prior authorized by the Medicaid agency or its agent.

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Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Substance abuse and mental health services that would be covered if provided in another setting may be provided in an outpatient hospital setting.	<ul style="list-style-type: none"> Beneficiaries may receive chemical dependency treatment that is provided in certified outpatient programs. Beneficiaries may specifically receive opiate treatment utilizing methadone maintenance services. Beneficiaries may receive mental health services that are furnished by a licensed Mental Health Center. Beneficiaries may only receive services that are provided to reach the goals of an Individualized Service Plan.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	FQHCs and RHCs may provide the same mental health and substance abuse services as other providers- as long as the personnel providing the service meet the same qualifications as other providers.	Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide substance abuse and mental health services that are within their scope of practice as defined in State law.	Services provided by a physician must meet the same requirements as services provided by another provider

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT)	Under EPSDT states must provide any service that could be covered under federal Medicaid law that is needed to treat or ameliorate a condition identified in an EPSDT screen, even if the State has chosen not to cover that service for other beneficiaries. (Also, please see, "rehabilitation services" for more information on extended mental health and substance abuse coverage for children under 21.)	<ul style="list-style-type: none"> Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Any Medicaid-certified provider may deliver EPSDT services, but must follow the EPSDT Medical Protocol and Periodicity Standard. Beneficiaries must be under the age of 21. Beneficiaries may not receive any mental health and substance abuse services beyond those otherwise covered by Medicaid without the prior approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment area

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologists	Evaluation services only	Beneficiaries may not receive a psychological evaluation from a psychologist without the prior approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment area

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Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services	Long-term psychiatric care in inpatient psychiatric facilities	All admissions to inpatient psychiatric facilities must be prior authorized by the Medicaid agency or the PIHP that serves the beneficiary's catchment area.

Rehabilitative Services		
Service	Description	Coverage Requirements
Alcohol detoxification	Services provided in a licensed facility for alcohol detoxification or hospital.	<ul style="list-style-type: none"> Beneficiaries may receive up to three days in a certified facility. The facility providing the services must be within the physical location and the administrative control of a general hospital or a freestanding facility established to provide this service. If there is clear medical indication that detox treatment cannot be handled in an outpatient facility, beneficiaries may receive up to three days in any hospital.
Drug detoxification	Services provided in a licensed facility for drug detoxification or hospital.	<ul style="list-style-type: none"> Beneficiaries may receive up to five days in a certified facility. The facility providing the services must be within the physical location and the administrative control of a general hospital or a freestanding facility established to provide this service. If there is clear medical indication that detox treatment cannot be handled in an outpatient facility, beneficiaries may receive up to five days in any hospital.
Chemical Dependency Treatment Services	<ul style="list-style-type: none"> Services provided in a licensed facility for chemical dependency including treatment services from: <ul style="list-style-type: none"> Outpatient treatment programs; and Residential treatment facilities with 16 beds or less (room and board is not covered) Specific opioid treatments, such as methadone and/or LAAM are covered 	<ul style="list-style-type: none"> Beneficiaries may receive treatment that is provided in a certified program. Services must be provided as part of an active, individual service plan.
Adult Day Health	Mental health services provided in a day treatment setting.	Beneficiaries may not receive services without the prior approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment area.
School District Medical Services	Services provided by a school district, including the following mental health and substance abuse services: <ul style="list-style-type: none"> Psychological services, Counseling, and Nurse services. 	Beneficiaries may receive services that are in an IEP or IFSP including evaluation, screening, and assessment
Mental Health Center Services	Services furnished by state licensed Mental Health Centers, including: <ul style="list-style-type: none"> crisis stabilization intake and evaluation, population evaluation, interdisciplinary evaluation for a nursing home resident, psychological assessment, medication management, 	<ul style="list-style-type: none"> Services must be provided to reach the goals of an Individualized Service Plan Some services require the approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment area.

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Rehabilitative Services		
Service	Description	Coverage Requirements
	<ul style="list-style-type: none"> individual treatment services, group treatment services, adult day treatment, adult acute diversion services, children and adolescent day treatment and child and adolescent acute diversion services. 	
Therapeutic child care to treat psycho-social disorders	<p>Services include:</p> <ul style="list-style-type: none"> Developmental assessment using recognized, standardized instruments; Play therapy; Behavior modification; Individual counseling; Self esteem building; and Family intervention to modify parenting behavior and/or the child's environment to eliminate/prevent the child's dysfunctional behavior. 	<ul style="list-style-type: none"> Beneficiaries may receive services from agencies and individual providers that are approved as meeting Medicaid agency criteria and certification requirements under state law as appropriate. Beneficiaries must be under 21 years of age Beneficiaries may not obtain services without the prior approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment area.
Rehabilitative Behavioral Services	<p>Services to treat a mental health or substance abuse conditions, including:</p> <ul style="list-style-type: none"> milieu therapy, crisis counseling and regularly scheduled counseling and therapy, 	<ul style="list-style-type: none"> To qualify for services a beneficiary must : <ul style="list-style-type: none"> - Be a child with remediate debilitating disorders, - Be a child suffering from a developmental disability and behavioral/emotional disorder that prevents the child from functioning normally in the home, school, and community - Exhibit signs of <ul style="list-style-type: none"> abuse; anti-social symptoms such as drug and alcohol behaviors that require an inordinate amount of intervention and structure; sexual behavior problems; victims of severe family conflict; behavioral disturbances often resulting from psychiatric disorders of the parents - Be a medically compromised and developmentally disabled child who is not otherwise served by the state agency's Division of Developmental Psychological Disabilities and Impairments. Beneficiaries may receive services only from a physician or licensed practitioner of the healing arts that is practicing within the scope of their practice and state law. Beneficiaries may not receive services without the prior approval of the Medicaid agency or the PIHP that serves the beneficiary's catchment

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Rehabilitative Services		
Service	Description	Coverage Requirements
		area.
Family Preservation Services	Intensive, time-limited, mental health rehabilitation services, including: <ul style="list-style-type: none">• Behavior Management Training• Counseling Services• Health Options Counseling• Crisis Intervention• Daily Living Skills Training• Medication Management And Training• Socialization Skills Training	<ul style="list-style-type: none">• A licensed practitioner of the healing arts must certify beneficiaries, in writing, as needing these services.• The beneficiary must need the services to<ul style="list-style-type: none">- ameliorate behavioral or emotional impairment and- prevent placement in a more restrictive setting.• Beneficiaries may only receive services as part of an Individualized Rehabilitation Service Plan developed and monitored by an interdisciplinary team made up of health professionals, the child's family or legal guardian, and the individual.

SCHIP Medicaid Expansion Program

Washington does not operate a SCHIP Medicaid Expansion Program.

Separate SCHIP Program

Who is Eligible for the SCHIP Program?

The Separate SCHIP program serves

1. Uninsured children 0-18 from families with incomes between 200 and 250% FPL.
2. Unborn children of uninsured pregnant women who do not qualify for Medicaid.

Families with children in the separate SCHIP program must pay a monthly premium of \$10/child, but no more than \$30/family.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be meet a benchmark selected by the State, among federally established options. Washington has elected to provide the full Medicaid benefit package to SCHIP program participants. Therefore, coverage of mental health and substance abuse services in the Separate SCHIP program is the same as that in the Medicaid program, which was described earlier in this document. Finally, Washington requires SCHIP participants to use the Medicaid managed care delivery system.